Allied Health Service-critical Workforce Framework

Final report – June 2024

Queensland Government

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Further information on this project:

The suite of Service-critical Workforce resources include this project report, a framework, toolkit and resources folder. Documents are available on QHEPS (intranet) for Queensland Health employees at https://qheps.health.qld.gov.au/alliedhealth/html/rural-remote, or to external agencies by contacting the Office of the Chief Allied Health Officer by email.

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Document authorship and history:

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Version	Date	Author	Notes
1.0	June 2022	Kristine Battye Consulting	Project report accepted by OCAHO
1.1	November 2022 / November 2023 – February 2024	OCAHO	Minor revisions / updates to nomenclature and Queensland Health-specific terminology. Additional content related to OCAHO role in project. Some details specific to individual teams or services removed / de-identified to enable publication. Formatted for publication.

Contents

1 Introduction

Allied health workforce establishments in rural and remote areas are characterised by limited staffing, with some professions often having only one or two practitioners available in a team, Hospital and Health Service (HHS) or region. Services that are reliant on small workforce establishments are vulnerable, with a vacancy or period of leave potentially leading to a suspension or delays to services.

In response to concerns of Queensland rural and remote HHSs about the impact of allied health workforce instability and vacancies on access to services for consumers, the Office of the Chief Allied Health Officer (OCAHO) commissioned Kristine Battye Consulting (KBC Australia) to develop and trial an allied health Service-critical Workforce Framework.

1.1 Project aims and outcomes

The project had the following aims and expected outcomes:

- To develop a Service-critical Workforce Framework ("the Framework") that can guide and assist allied health teams to assess their workforce-related risks to service continuity and sustainability and to design and implement risk management strategies.
- To trial the Framework in up to six rural or remote allied health teams, with each producing a 'local plan' for management of identified service-critical workforce risks.
- To provide support and upskilling for rural / remote allied health teams in workforce and service planning.

2 Project Implementation

The project was conducted over four phases:

1. Project establishment
2. Draft Framework
3. Trial implementation
4. Project closure

2.1 Phase 1 – Project Establishment

Phase 1 involved establishing the project governance arrangements, development of the Project Plan and identification of sites that would participate in the trial (Phase 3). Following an expression of interest process that was administered by the OCAHO, seven sites were selected to participate in the trial (Table 1).

Table 1. Sites selected to participate in trial implementation of the Service-critical Workforce Framework

HHS (see note)	Service focus/clinical area	Professions
Cairns and Hinterland	Inpatient, outpatient and community including outreach and telehealth to primary health care centres in Hinterland +/- Mossman regions.	Physiotherapy and speech pathology
South West	Multidisciplinary chronic disease and primary care services to communities across the HHS. Clinical focus on acute foot disease and high-risk feet. Well established model of delegation to podiatry assistant.	Podiatry
Darling Downs	Regional / rural community mental health services - Adult, Child and Youth	Mental health - psychology and social work focus
Darling Downs	Pharmacy services in rural service hub and outreach sites	Pharmacy
Central Queensland	Inpatient and outpatient services in rural service hub, plus outreach and telehealth to primary care clinics.	Physiotherapy and occupational therapy
South West	Community mental health, alcohol and other drugs.	Mental Health – occupational therapy, psychology and social work; nursing to be considered.
Torres and Cape	Rural generalist inpatient, outpatients/sub-acute and outreach/telehealth services to remote centres.	Physiotherapy, dietetics, podiatry, occupational therapy, speech pathology

Note: Due to COVID-19 related service pressures, two of seven selected sites progressed to implementation of the Framework. These are shown in shaded rows.

Project Governance

The project commenced in June 2021. KBC Australia was also undertaking the *Rural and Remote Allied Health Assistant (AHA) Positions: Evaluation of the development, implementation and impacts in Queensland Hospital and Health Services* project ("the Rural AHA project") for the OCAHO, that had a similar stakeholder group. Consequently, the two projects were managed through a joint governance arrangement.

The **Contract Governance Group** included members of the OCAHO team and KBC. The Contract Governance Group initially met fortnightly and then monthly for the duration of the project.

The **Project Governance Group** included representatives from regional, rural and remote HHSs, the OCAHO and KBC. This group met monthly at the commencement of the project with a hiatus during the COVID-19 escalation in late 2021 and early 2022. The Project Governance Group resumed in May 2022 to be updated on the progress of the Service-critical Workforce Framework project that was nearing conclusion. The role of the Project Governance Group with regard to the Service-critical Workforce Framework project concluded in July 2022, following KBC's submission of the deliverables. The group continued to meet until the end 2022 to oversight the finalisation of the Rural AHA project.

2.2 Phase 2 – Development of draft Framework and tools

To inform the development of the Service-critical Workforce Framework an environmental scan was undertaken that included:

- review of published and grey literature focussing on service continuity and rural / remote allied health service models,
- review of Queensland Health resources and strategies and service continuity plans developed by urban, regional and rural services, and
- consultations with a variety of individuals in Queensland and other jurisdictions to identify successful strategies used to support workforce and service continuity. A summary of the jurisdictions and organisations of stakeholders who were consulted in provided in Table 2.

Table 2. Consultations

Jurisdiction	Health Service	University	PHN
Queensland	9	3	1
Tasmania		1	
Western Australia	2	2	
South Australia	4		

The Framework and supporting tools were drafted by KBC Australia in close consultation with the OCAHO. The Trial Framework and toolkit were endorsed by the Project Governance Group on the 13 January 2022.

2.3 Phase 3 - Implementation

2.3.1 Revised trial sites

The approved Project Plan allowed for six trial sites, which was increased to seven following the expression of interest process (Table 1). However, from November 2021 to April 2022 an escalation in COVID-19 health service demands led to the withdrawal of all but two sites from the trial. All other sites were unable to proceed due to pressures on clinical services, direction from HHS management that non-clinical projects were to be suspended, or the redeployment of relevant clinical and management staff to other services. The sites that were able to continue with the 12-week trial implementation of the Framework were Cairns and Hinterland HHS and South West HHS (podiatry service). Sites that withdrew were invited to request support from the OCAHO in 2022 to implement the Service-critical Workforce Framework outside the scope of the project.

2.3.2 Trial site implementation

Project teams

Cairns and Hinterland Hospital and Health Service (CHHHS)

CHHHS commenced the trial with a preliminary meeting on the 1 February 2022. A team member was appointed to a short-term, part-time project manager role. The project manager commenced data gathering in preparation for the Site Working Group formation. A Site Working Group was established for the CHHHS on the 21 March 2022.

South West Hospital and Health Service (SWHHS)

SWHHS commenced the trial with their preliminary meeting on the 9 March 2022. A Site Working Group was established on the 23 March 2022. Two SWHHS allied health staff were allocated responsibility for management of the project, integrating this into their existing role for the period of the trial.

Implementation activities and responsibilities

The key activities and responsibilities of the trial sites, the OCAHO and KBC in the planning, implementation and evaluation stages of project are outlined in Table 3. Two information sessions were held with the trial sites to discuss the respective roles and responsibilities, and the time and resource commitments required of the trial. Trial sites considered known implementation challenges or “blackout periods” when project activities would be impacted and needed to be considered in the project plan (e.g., staff leave, service priorities such as accreditation). The scope of the implementation was discussed and refined to reflect the priorities and capacity of the service. Each trial site project team developed a draft project plan and timeline (Gantt chart) using the template supplied and with support of the OCAHO and KBC. The plan was submitted for review by the trial site working group members and then for approval of the delegate.

Table 3. Roles and responsibilities for Service-critical Workforce Framework trial in the OCAHO, KBC and local trial sites by project stage

Stage	Trial sites	KBC	OCAHO
Planning	Nominate site lead and engage in preparatory planning activities with KBC and the OCAHO	Nominate key KBC contact for each trial site	Identify key OCAHO contact for trial site
	Establish Site Working Group (SWG) including "internal" (local team) and "external" (regional centre or statewide service, external service providers) members, establish meeting schedule and terms of reference	Establish initial contact with trial site lead and provide advice on SWG formation as required	Provide advice / support to trial sites on SWG formation and documentation as required
	Work with KBC and the OCAHO to plan implementation timeframe (commencement, term, any interruption for Xmas / leave etc.)	Provide support for trial sites implementation preparations as required	Provide advice / support to trial sites on project templates, reporting and planning
	Undertake preparatory awareness raising and discussions with stakeholders, including discussing issues or areas of concern for stakeholders to refine the scope and focus of local project	Support project team lead as required	Support project team lead as required
Implementation	SWG to meet fortnightly, with KBC and OCAHO also attending	Participate in fortnightly meetings with SWG to facilitate implementation of the Framework and development of the Service-critical Workforce Plan Action Plan	Participate in fortnightly SWG meetings Provide support and advice to SWG

Stage	Trial sites	KBC	OCAHO
	SWG HHS members to allocate and complete activities / tasks associated with developing the Service-critical Workforce Plan Action Plan	Review documents provided by SWG in preparation for fortnightly meetings	Facilitate discussions between HHSs and KBC if required
	Documents for review / discussion to be provided to SWG members including KBC and OCAHO at least two days prior to relevant meetings		
Monitoring and evaluation	SWG to provide feedback at each meeting about the Framework and tools, highlighting strengths and suggested improvements	Make amendments to the Framework and tools based on the feedback and experiences of trial sites	Contribute to amendments to the Framework and tools as required
Time and resource allocation	Project manager/s, delegate and SWG members' time commitments are dependent on scope of implementation – discussed and refined in the planning and early implementation stages. Project manager generally required ¬1 day per week; key team members 1-4 hours per week (varying by implementation stage)	Up to half day per fortnight per trial site during implementation phase	As required

Trial site working groups (SWG)

The site working groups in each HHS generally met every two weeks for the approximately 12-week duration of the trial implementation of the Framework. Meetings were chaired by the project sponsor (or delegate), with administration and coordination undertaken by the local project manager/s. Templates were supplied for the site working group agenda, risk register and project activity tracker by OCAHO. Meetings for each site were held via MS Teams to enable engagement across the dispersed site working group membership, and allowed work on the toolkit documents in real-time.

A member of both the OCAHO team and the KBC team attended each Site Working Group meeting to support the implementation and to discuss any issues with the Framework or the toolkit. Evaluation questions were asked at the end of each meeting to prompt reflection on the current stage and activities of the Framework and seek feedback. Responses to the reflection questions were provided by meeting attendees and recorded by the KBC team member to inform changes to the Framework.

Implementation resources and collaboration

An MS Teams site was established to enable the OCAHO, KBC and trial site teams to communicate and share trial documents including:

- Trial version - Framework
- Trial version - Toolkit including workbook (MS Excel)
- Strategies resource library
- Project management tools including site working group terms of reference, project activity tracker and risk register templates

Each team was provided with a private channel to host their trial-related communications and documents. All members of each site working group were given access to their channel. Meeting minutes, stakeholder consultations and documents related to the trial were hosted by each local project team on their channel.

The toolkit was converted into a MS Excel workbook to allow the teams to complete the tools associated with each of the Framework's seven steps. Where relevant, content was linked or cross-referenced from individual tool worksheets to the Service-critical Workforce Action Plan to enable information to be organised and progressively added and refined in this output document.

2.4 Phase 4 – Project Closure

2.4.1 Local site outputs

Each trial site implemented the draft (trial) version of the Service-critical Workforce Framework to produce a **Service-critical Workforce Action Plan**. It outlined the findings of the Framework implementation including identified risks to workforce sustainability and service continuity, priorities for action and recommended strategies that the team wanted to progress.

The SWHHS Local Service-critical Workforce Plan was endorsed by the site working group on the 18 May 2022. The CHHHS Local Service-critical Workforce Plan was endorsed by the site working group on the 14 June 2022.

Although the implementation of the Local Service-critical Workforce Plan was outside the scope of the trial, OCAHO and KBC provided some transitional support for sites.

2.4.2 Finalisation of the Framework and toolkit

Feedback collected during the site working group meetings was augmented with final comments and suggestions, particularly from local project managers and leaders / delegates. KBC integrated these findings into the submitted version of the Framework and toolkit. Changes to the Framework and several resources in the toolkit were completed as a result of feedback from the teams. Inconsistencies were corrected and discrepancies between the Framework and the toolkit were addressed. Several new resources were added in response to identified needs of trial site teams, and were developed in collaboration with trial site project managers. These are discussed in Section 3.1.

The OCAHO undertook a review of the CHHHS and SWHHS completed toolkits and Action Plans in 2023 and early 2024, following further local activities and implementation of some strategies. This led to further changes to the SCW Framework and toolkit including revisions and reformatting of tools for steps 3, 6, 7, and 8; and a redrafting and reorganisation of most strategies to better align with how trial sites had engaged with the resources. Guidance notes were also added to each of the tools to assist teams to use them. Example resources for strategies, that had been collected from HHSs by KBC during the project, were anonymised and reformatted for publication in the Resource Folder.

3 Evaluation of Framework trial

3.1 Feedback on Framework and toolkit

Overall the teams found the format of the Framework and toolkit intuitive and straight-forward. They found the step-by-step structure easy to understand and follow. A more detailed description of how each team worked through the Framework's steps and adapted the tools as they progressed was supplied by KBC to the OCAHO as part of the contract deliverables. Summary feedback on each of the seven steps in the Framework is provided below.

Step 1 - the Readiness Assessment Tool was well received and provided early focus for the teams to ensure they had the right people participating as members of the Site Working Group.

The Stakeholder Engagement Tool was simple to complete. One site routinely updated the tool throughout the trial to record their stakeholder engagement and plan for additional meetings. OCAHO reallocated this tool to Step 1.

Step 2 - the Service Profile. There was some concern about the amount of detail required to develop the Service Profile. Discussions and decisions needed to be made at several points to evaluate whether the scope of information collected was adequate to identify service

performance and vulnerabilities information. Data about occasions of service and wait lists for relevant services, particularly in smaller centres, and formal service agreements were not always easily accessible to the teams. Both teams reported gaining a deeper understanding of the services and the degree of variability across health services in their regions. Further advice was added to the Framework and toolkit by OCAHO to ensure that teams continually considered the balance of value and time investment of sourcing and processing data. Messaging in the Framework was adjusted to guide teams to source information that is critical for the team's understanding of service trends and risks, and not invest time in low value data collection. The OCAHO changes included reorganisation of the tool and inserting commonly required data sources including links to relevant documents (e.g., HR policies) or data systems.

Step 3 - the Workforce Profile tools enabled the teams to identify the positions that were to be included in the Service-critical Workforce Action Plan. They also highlighted positions that were difficult to recruit to and positions with an historically high turnover of staff. Some workforce data, particularly historical vacancy and establishment data, required collaboration with team / HHS business services or HR to obtain. OCAHO provided workforce data and some data processing support when requested. Both teams found vacancy trend information particularly beneficial when considering and communicating risks to stakeholders and senior managers.

Step 4 - the Clinical Functions Tool was completed as intended by one group and adapted by the other. Both teams used the tools effectively. Adaptations informed minor revisions to the tool in the final project deliverable.

Step 5 - the Non-clinical functions Tool was completed by both teams using the guiding instructions and options provided.

Step 6 - Risk stratification and priority setting was undertaken during the trial as part of Step 7 but trial sites found that greater separation was required of the risk summarisation and prioritisation and the strategy decision-making activities. The former became Step 6 and the latter Step 7. The OCAHO revised to tool to further align to Queensland Health risk assessment processes.

Step 7 - the Strategies Decision Support Tool was used by the teams to identify strategy options to address their emergent, short-term, medium-term and long-term needs in relation to increased workforce capacity, broadening skills mix and greater redundancy of functions across the team in critical areas. The Decision Support Tool assisted the teams to refine and focus their priority actions that emerge from Stages 1 to 6. Teams found this stage challenging - translating the outputs of their investigation stages into achievable and relevant actions. The Decision Support Tool was refined by KBC in collaboration with trial site project team managers and leaders to better assist teams to develop their priority actions. The revised Decision Support Tool was seen as relatively easy to use and helped the teams to refocus on the aims of the Framework and the project when choosing their strategies and actions. The OCAHO further reorganised and refined the tool to cluster similar strategies together (e.g., workforce development strategies, workforce pipeline strategies, workforce management strategies), link strategies to risks in Step 6 and to strategy details and resources.

A **strategies resource library** was added to the toolkit resources by KBC. It provides a compendium of information on approaches to managing workforce-related service

challenges that were identified in scoping phase and were further refined through observation of the solutions that trial sites developed. These resources were developed to assist the teams with completing their Service-critical Workforce Action Plan. A **summary strategies list** was developed that briefly outlined each strategy and main indications and considerations for use. The document complemented the strategies resource library, but provided information in a more concise and usable format when teams were considering their options to address identified risks. Another new resource was added to the toolkit to assist with strategy planning. This was broadly based on a document developed by the CHHHS project team that assisted the site working group to reflect on identified risks and prioritise and plan strategies to address them.

The OCAHO further expanded the resources to define 22 separate strategies including comprehensive description, links to relevant data sources in the SCW Framework or tools for Steps 1 – 5, and to published resources or examples presented in the Strategies Resource Folder.

3.2 Other feedback

Feedback on the challenges of implementing the Framework was broadly consistent with undertaking quality activities and service change in clinical teams i.e., allocating time for project activities, identifying and communicating effectively with a wide group of stakeholders, negotiating for changes in resource organisation / allocation strategies, etc. Feedback that is more specific to the Service-critical Workforce Framework implementation is detailed below.

Leadership and stakeholder engagement

A primary finding from the evaluation was the importance of project leadership resting with a nominated person or small group. Although this was not a pre-requisite in the trial site expression of interest process, both sites reflected that the projects would not have been completed without a project manager (or small project management team) being entrusted with the responsibility and authority to progress project activities on behalf of the delegate. This is a critical finding for teams that wish to implement the Framework in future.

The SWHHS trial related to one profession – podiatry. The team identified the value of having strong profession-specific leadership of the work, in addition to involvement of the broader multi-professional team. The inclusion of a senior podiatrist as one of the project managers was regarded as very valuable. The participation the Statewide Tele-podiatry Services in the site working group was also important, reflecting a critical service partnership. The project team and site working group also recognised the importance of strong engagement and involvement of all members of the multi-disciplinary team that are responsible for foot care outcomes, including wound care nurses. It was noted that partnerships with other members of the multi-disciplinary team, especially in remote centres, and with the Statewide Tele-podiatry Service are key strategies featured in the Service-critical Workforce Action Plan. Involvement of key staff from these services in the Site Working Group and broader consultation processes proved important when developing solutions.

The CHHHS team implemented the Framework for two professions - physiotherapy and speech pathology. This required a mix of profession-specific engagement, investigation of challenges and potential solutions and also cross-profession information sharing and collaboration. Separate discussions were particularly important to fully understand the clinical functions (step 4) and profession-specific workforce profile and challenges (step 3). The development of strategies and actions (step 7 and 8) was undertaken partly in profession-specific teams and partly in the larger site working group. Ideas developed by each profession group were shared and influenced the decisions of the other profession group in some instances.

Both sites identified that strong engagement and support of allied health executive and senior leadership, along with broader health service support, are critical for implementing the Framework and progressing solutions developed in the Service-critical Workforce Action Plan.

Both teams met regularly, which was regarded as important and feasible given the short duration of the Framework implementation phase of the project (12 weeks). One site met weekly as a small project group and fortnightly with the broader site working group. This was seen as an enabling factor for progressing the planning in a timely way. The other site met every 2-4 weeks as a site working group, with the project manager facilitating many smaller meetings for profession-specific or site-specific activities. Both sites used MS Teams chat, email and one-on-one meetings to complete small group activities and maintain broader stakeholder engagement between scheduled site working group meetings.

Risk identification / assessment and strategy formation

Clinicians in both teams initially rated the service risks posed by a loss of non-clinical functions (step 6) to be low to medium (e.g., administration, providing clinical supervision and training to other professional and assistant staff, delivering clinical education to students, undertaking quality improvement and risk management activities). By comparison, most clinical functions examined were rated as higher risk. Further discussion at the respective HHS site working group meetings with senior managers present allowed the importance of these non-clinical functions to be explored more fully. The result was a revision of the risk rating for some non-clinical activities, with greater team / service risk recognised if the activities were suspended due to workforce shortages. Teams reflected that although effects are not as immediate (or obvious) as clinical risks when there are workforce shortages, the medium to long-term impacts for business continuity and clinical governance needed to be fully considered.

Risk rating and ranking processes in steps 4 - 7 were fairly familiar and straight forward for both teams, as these tools were designed to echo routine Queensland Health risk assessment tools. Priority setting (step 6 and 7) required negotiation and discussion and took longer than teams had originally planned. The time required to summarise and discuss findings from the investigation phase of the project, prioritise risks and to brainstorm and evaluate the potential for new and novel solutions should not be underestimated by teams that are implementing the Framework in the future.

Managers reported that the work that the clinical teams undertook to methodically examine the workforce and service risks and to identify new strategies to address the issues was a valuable aspect of the process.

Implementation tools

Both trial sites implemented the Framework and toolkit in a fairly linear fashion, addressing each step in turn. However, information or ideas developed in earlier stages were revised as the team progressed discussions or sourced further information from stakeholders.

Both sites used the MS Excel format of the toolkit to collect information, record discussions and consultations, and develop strategies and actions. The toolkit was used primarily by the project managers but all members of the site working group could review, comment on or add information. Housing the toolkit in a MS Teams or Sharepoint site enabled collaboration in real-time and allowed team members to see recommendations and provide feedback if they were unable to attend a meeting. One site entered summary information into the Service-critical Workforce Action Plan as they went from one step to the next, which proved an effective strategy for reviewing the outcomes to that point and preparing for the transition to strategy development and action planning. One project team reported that the tools enabled relatively junior staff to engage in the process on the same level with senior staff and managers.

4 Recommendations

On the basis of the evaluation of the trial, and observations of working with the two teams, the following recommendations are made for the implementation of the Framework by other teams in the future:

- Following the closure of the contracted service, OCAHO should finalise the Framework and associated toolkit for publication or access by Queensland Health teams. This may include further discussion with trial site teams in the implementation phase of the Service-critical Workforce Action Plan and sharing experiences and findings across the trial sites, and OCAHO support or the use of a peer leadership approach to assist other HHSs and services to implement the Framework.
- Learnings from the trial sites to be disseminated to stakeholders including the importance of a capable project manager, careful consideration of site working group membership including key service partners within and beyond the HHS, and the value of managing project documentation on a platform that enables collaboration across dispersed rural teams.
- Evaluate the progress and effectiveness of Service-critical Workforce Action Plans in addressing service-critical allied health workforce challenges in trial sites, and the further use of the Framework by other teams.
- Continue to build on the strategies resource library as more teams contribute their ideas when developing Service-critical Workforce Action Plans.

5 Glossary

Term	Definition
CHHHS	Cairns and Hinterland Hospital and Health Service
HHS	Hospital and Health Service as described by Queensland Health.
HR	Human resources
KBC	Kristine Battye Consulting Pty Ltd
SCW	Service-critical workforce
SWG	Site working group
SHHHS	South West Hospital and Health Service
OCAHO	Office of the Chief Allied Health Officer

6 Acknowledgements

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